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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* OK  
 This application is a CIP of 09/841,710 04/24/2001

\*\* FOREIGN APPLICATIONS \*\*\*\*\* OK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/16/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials <b>KHS</b>				

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## TITLE

Integrated service management system

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